07333

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR TERRY BECK DATE 12-6-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Enter Spring Shore Dev - go past 1st st. on (R) + around curve - well (R) on dirt st. at Mailbox sign - Lot is down on water. S. R. No. _____

SUBDIVISION NAME SPRING SHORE DEV. LOT NO. 143 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

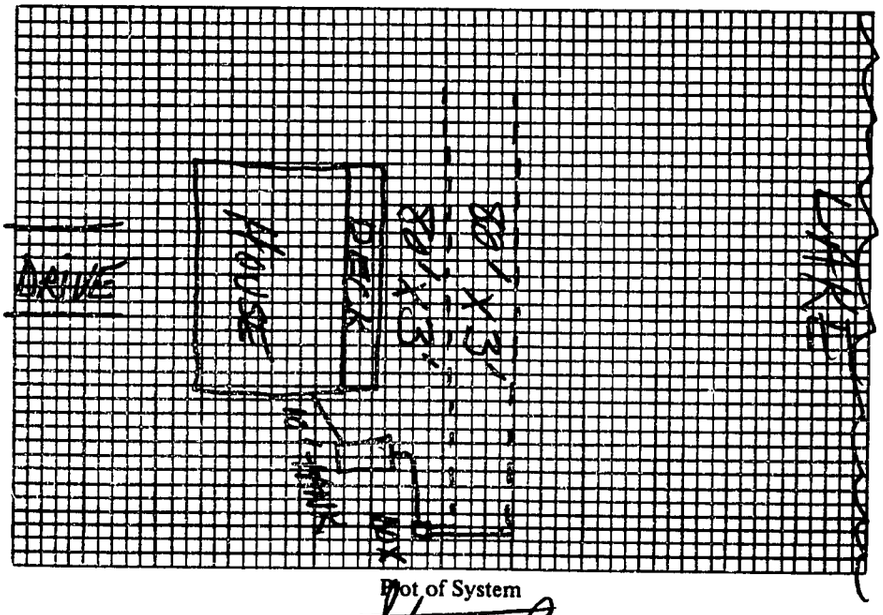
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Prov. Suitable.
Percolation Rate Equal/sq. ft.
Topography 6-10% to 1 sq. ft.
Depth to Water Table 12+
Rock or other impervious formations none obstructed.

Lot Area Ample

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 320 Linear Ft. 160
Depth of Stone in Lines 12" SAND
Water Supply: Individual ( ) UNDER
Public (✓) PANELS.

Installed by Julius Boles

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Landscape over S.T. system.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 12-6-87

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold